

FORM 1 – Public Health and Community Health Education Preceptorship

Site Request and Rationale Form (completed in Block 3)

Download and type your responses into this document. The Preceptorship Site Request and Rationale Form is due by the date indicated on the Policy Canvas Site.

Student Name

List the intended preceptorship period
Indicate the year and select the semester

Year

Fall

Spring

Summer

Campus Address

Home Address

Cell Phone:

UWL e-mail address:

Major:

Minor:

Select your academic advisor's name:

1. What are THREE professional goals you have for your preceptorship?

2. What are your areas of interest? For example, content areas, specific health issues, special practice settings, and/or population segments.

3. What is your NUMBER 1 preferred preceptorship site, and where is it located?
- How would this site help you meet your professional goals and specific interest?
 - Do you have any personal connections, communications, or experiences with this site? If so, please describe.

4. What is your NUMBER 2 preferred preceptorship site, and where is it located?
- How would this site help you meet your professional goals and specific interest?
 - Do you have any personal connections, communications, or experiences with this site? If so, please describe.

5. What is your NUMBER 3 preferred preceptorship site, and where is it located?
- How would this site help you meet your professional goals and specific interest?
 - Do you have any personal connections, communications, or experiences with this site? If so, please describe.